Comisiwn Bevan Commission

Adopt, Spread and Embed

Building Capacity and Reducing Waits in Gastroenterology Planned Care

Betsi Cadwaladr University Health Board

Value Proposition:

Gastroenterology services across Wales are under significant pressure with long waiting lists and workforce shortages. This innovative model offers a cost-effective solution to these issues, by redirecting approximately 20% of functional gastroenterology referrals to a specialist clinic led by an Advanced Clinical Practitioner (ACP) Dietitian. By delivering tailored lifestyle interventions, medication reviews, and focused investigations, the service not only reduces unnecessary demand on overstretched consultant teams but has freed up hundreds of consultant appointments for more complex cases. At Wrexham Maelor Hospital, this approach over just a nine-month test period has cut routine waiting times from over three years to just three months, safely removed 318 patients from the waiting list, and released over £108,000 in consultant time. Importantly, patient outcomes have improved, with most cases effectively managed without consultant input, while serious underlying conditions, including cancers, have been identified earlier and escalated without delay.

Why Change is Needed:

Routine gastroenterology waits in Wales exceed three years in some areas, driven by post-Covid backlogs, rising referrals, and consultant shortages. At Betsi Cadwaladr University Health Board (BCUHB), referrals have surged 70% since 2020, around 4,000 annually, far outpacing current capacity.

This demand-capacity gap threatens timely diagnosis and patient outcomes. The Welsh Government advocates reviewing workforce and skill mix models to address this. The Dietitian-Led Gastroenterology Clinic supports this approach, advancing national priorities to modernise outpatient care and build a skilled, sustainable workforce.

Proven effective in England, Ireland, and BCUHB, this ACP Dietitian model offers a scalable, cost-effective and efficient solution, which eases pressures on consultants, while improving access and outcomes for patients.

The Opportunity - ACP Dietician-Led Gastroenterology Clinics:

The ACP Dietitian-Led Gastroenterology Service aims to:

- Reduce consultant waiting lists by at least 20%.
- Provide full clinical assessment, initiate first-line investigations, deliver timely diagnoses.
- Manage functional conditions independently without consultant input.
- Prescribe appropriate medications.
- Offer integrated support in a streamlined ‘one-stop-shop’ model.

National rollout would standardise care, improve quality for functional cases and enhance the efficiency of specialist resource use across Wales.

Impact and Outcomes:

Clinical and Operational:

- Reduced waiting times from over three years to three months.
- 500 additional consultant slots created; 318 patients safely removed from the waiting list.
- 18% increase in consultant capacity for urgent cases.
- ACP Dietitian assessments enabled earlier diagnosis of serious conditions, inc. cancers.
- 100% rated the service positively: 90% excellent, 10% very good.

Economic:

- £108,000 in consultant resource released at Wrexham Maelor Hospital.

This demonstrates a cost-effective model which is supported by consultants; enables earlier intervention and reduces long term system costs.

Breakdown of Costs and Return on Investment:

Costs are based on one ACP Dietitian per site. As site numbers vary, each health board should recruit, train, or utilise an existing ACP Dietitian at every gastroenterology site to ensure consistent, equitable service delivery.

Description of Cost	Cost Amount	Duration	Type
Staff salaries: Band 8A ACP Dietician	£77,462	Recurrent	Revenue

Investing £77,462 in an ACP Dietitian to support delivery of gastroenterology services per hospital site, reduces resource requirements by releasing £108,000 worth of gastroenterology consultant time. *A full business case with detailed costs and benefits is available to support this case for change.*

Beyond financial benefits, this role enhances service efficiency, reduces waiting times, and supports equitable access to specialist care across sites, delivering both economic and clinical value.

Strategic and Policy Alignment:

The service directly supports the ministerial priority of timely access and reducing backlog waits. It aligns with key national strategies, including:

- **Technical Planning Guidance 2025–2028:** Timely access to care**.**
- **Promote, Prevent and Prepare for Planned Care (2023)**: Advances patient-centred care through faster access, streamlined pathways, and better data.
- **Welsh Innovation Strategy (2023):** Supports goals to improve diagnostics, cut waiting lists, and strengthen the workforce.
- **Programme for Transforming and Modernising Planned Care (2022):** Enhances referrals, diagnostics, and outpatient capacity while reducing long waits.
- **GI Strategic Network Domains:** Delivers safe, timely, effective, efficient, equitable, and person-centred care.

Implementation Requirements:

Essential:

- Committed consultant gastroenterology time (1 hour a week) to provide supervision, mentoring and training.
- Dietitian to have undertaken clinical assessment and diagnostic training and to be able to request first line investigations.

Ideal:

- Prescriber/working towards it; non-medical radiography requestor/working towards it.

Implementation Milestones and Available Support:

Phase	Key Milestones	Timeline
Phase 1: Engagement & Planning	Engage key stakeholders to map service pathways, assess integration needs, review current resources, and secure additional resources. Identify pilot-ready sites and finalise referral routes and governance.	1-3 months
Phase 2: Workforce & Infrastructure	Recruit or identify ACP Dietician. Provide staff training on new integrated pathway and processes.	3-6 months
Phase 3: Pilot Rollout	Launch service and monitor patient outcomes and resource impact.	6-12 months
Phase 4: Evaluation & Long-Term Sustainability	Conduct comprehensive service evaluation with Value-Based Health Care teams. Confirm ROI, patient experience, and system efficiencies. Secure long-term funding and embed role into strategic planning.	12-18 months

Supporting resources include: Business case, job description and service procedural specification.

Call to Action - Adoption of ACP Dietician-Led Gastroenterology Clinics:

Scaling the ACP Dietitian-Led Gastroenterology Service model across Wales presents a clear opportunity to reduce waiting times, optimise consultant capacity, and enhance patient outcomes in gastroenterology. Successfully implemented in Betsi Cadwaladr University Health Board, this cost-effective approach safely manages up to 20% of routine referrals, reducing waiting times from over three years to just three months. With strong clinical endorsement and demonstrable operational and economic benefits, this model is well-positioned for national adoption to support sustainable improvement in planned care services.

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